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Division of Marine Fisheries

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Deval Patrick
Governor
Ian A. Bowles
Secretary
Mary B. Griffin
Commissioner

Permit Holder Name: _____

F/V Name: _____

Mailing Address: _____

June 15, 2008

Application for Massachusetts Relief for Framework 42 Impacts

Applications **must be postmarked by July 5, 2008**. Applications postmarked after that date will not be considered. No exceptions will be made. For questions concerning this application, contact *Marine Fisheries* at 617-850-2948.

Please complete ALL sections that apply:

On June 9, 2008, *Marine Fisheries* sent out a mailing to all 2007 Massachusetts commercial fishermen describing the federally funded program, "Massachusetts Groundfish Relief for Impacts of Framework 42". We have completed an audit of state and federal permit and catch data to qualify fishermen, and you may qualify to receive an Impacts of Framework 42 subsidy. If you qualify to receive a subsidy, you must complete the enclosed application packet and return it to *Marine Fisheries* by **July 5, 2008**. In anticipation of a large volume of applicants, *Marine Fisheries* is requesting that candidates fill out all accompanying forms and return them in the enclosed envelope or to a *Marine Fisheries* office (listed on page 4) as soon as possible.

Section 1: Permit Holder/Vessel Information

The following information was acquired through information provided by the National Marine Fisheries Service, and *Marine Fisheries*. Please fill-in all missing information. If any of the following is incorrect, please make changes directly on this form.

Please note that a vessel owner may only receive a payment based on 1 category:

Category 1: Federal Groundfish Applicant with 'A' DAS on 5/1/07, owner of record on 3/15/08 with a homeport in Massachusetts.

Category 2: Federal Limited Access (non-DAS) Program with limited access Handgear A (HA) permit on 5/1/07 with homeport in MA and having sold at least 10,000 pounds of multispecies groundfish in any calendar year during 1/1/2004 to 12/31/2007.

Category 3: Non-Federal Groundfish Program with a MA GE permit in 2007, and having sold at least 10,000 pounds of multispecies groundfish in any calendar year during 1/1/2004 to 12/31/2007.

Category 4: For-hire Groundfish Permit Holder Program with both a federal and state for-hire permit/endorsement with a MA homeport during 5/1/07 through 3/15/08 with for-hire trip and cod landings from the GOM(NMFS statistical Areas 512-515, 521).

PERMIT HOLDER NAME: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

CATEGORY VESSEL OWNER MAY QUALIFY FOR: _____

OF 'A' DAS: _____

POUNDS OF MULTISPECIES GROUND FISH LANDED/SOLD: _____

OF QUALIFIED FOR-HIRE TRIP(S) IN GOM BETWEEN 11/1/05 AND 3/31/06: _____

(This information was provided by NMFS and DMF reporting data. See 'appeals' in Section 5 for disputes)

BOAT INFORMATION:

VESSEL NAME: _____ MS/DOC#: _____ HOMEPORT: _____

PRINCIPAL PORT (Port where majority of fish are landed): _____

NMFS FEDERAL PERMIT # for this Vessel: _____ MA COMMERCIAL PERMIT ID#: _____

Section 2: Economic Relief for Crew Members

Economic relief for crew members who work in the state's commercial groundfish industry: *Applicants who have qualified to receive Program funds under "Section 1" or who are listed as a shareholder in a corporation or other entity qualified to receive "Section 1" Program funds, will not also qualify to receive "Section 2" Program funds.*

MarineFisheseries will be working closely with outside partners to provide:

- Health Insurance Coverage for Fishermen and their Family Members, and
- Direct Assistance for Crew.

Eligible crew members are those fishermen who worked on an eligible fishing vessel at some time between January 1, 2007 and March 15, 2008 as evidenced by a signed affidavit from the vessel owner (below) and a Department of Revenue, Internal Revenue Service Form 1099-MISC issued by the vessel owner to the crew member during the eligibility time period.

As the vessel owner, it is your responsibility to provide us with an accurate list of those crew members you employed during the eligibility period so that we may qualify them to participate in this program. We will be contacting eligible crew members at a later date to give them the option to participate in this program. Please provide us with the following requested information for all crew members of the vessel listed on the opposite side of this form for period 1/1/07 through 3/15/2008. Attach additional pages if necessary.

FULL NAME OF CREW MEMBER & MAILING ADDRESS	PHONE NUMBER	SOCIAL SECURITY #	TIME PERIOD ON THIS VESSEL

I, (PRINT NAME) _____, owner of the Fishing Vessel _____
certify under the pains and penalties of perjury that the crew member information provided above is complete and accurate
to the best of my knowledge and belief.

Signature

Date

Section 3: State Vendor

If you qualify to receive a Massachusetts Relief for Impacts of Framework 42 Subsidy, you must be listed as a State Vendor in order to receive a payment check from the Commonwealth of Massachusetts. Enclosed are four sets of documents that you must fill out in order to become a State Vendor. The information on these forms will be entered into the state database of Contractors. Please follow all instructions and complete the following:

- _____ W-9 federal tax form
- _____ Commonwealth of Massachusetts Standard Contract
- _____ Commonwealth Terms and Conditions
- _____ Commonwealth Authorization for Electronic Funds Transfer

Section 4: Certification

I hereby certify that I meet all of the criteria detailed in this application.

I further affirm and agree that:

Any right of confidentiality with respect to my personal or corporate state tax information is waived to the extent necessary for the Director of Marine Fisheries to verify with the State Tax Assessor that I am a Massachusetts taxpayer in good standing.

If the Commonwealth of Massachusetts determines that I have any outstanding State of Massachusetts tax liability, any amounts owed will be withheld from any payment I may be eligible to receive from this compensation program. Such amount will be paid to the State towards my tax liabilities.

If the State of Massachusetts determines that I have any outstanding child support, amounts owed may be withheld from any payment I may be eligible to receive from this program. Any amount withheld shall be paid to the Commonwealth towards my child support liabilities.

Name: _____
Please type or print the name of authorized individual.

Signature: _____ Date: _____
This application must be signed by a person legally authorized to represent the entity submitting this application.

Section 5: Appeals

If you do not qualify to receive a Massachusetts Framework 42 Impacts Relief subsidy based on the information we have provided or if you believe the information that we have provided here is inaccurate, you may submit a letter of appeal. Appeal forms will be available by July 1, 2008, and will be posted on the *Marine Fisheries* website. We will work with you to ensure we are using the best data available.

All appeals must be submitted by July 26, 2008.

Letters of Appeal will only be accepted by U.S. Mail or hand delivery to: Division of Marine Fisheries
Economic Assistance Program
251 Causeway Street, Suite 400
Boston, MA 02114

Letters of Appeal that are received by the Division of Marine Fisheries or postmarked after July 26, 2008, will not be considered for inclusion in this program.

Funds will not be available for distribution until appeals are resolved.

Use the following checklist to ensure that you have accurately completed all required information:

- ☐ Prior to mailing, it is recommended that you make a photocopy of all material for your records.
- ☐ The W-9 form has been completed and signed (Signature and date MUST appear on Page 1 of W-9 form).
- ☐ The State Standard Contract Form has been completed, signed, and dated.
- ☐ The Commonwealth Terms and Conditions has been completed, signed, and dated.
- ☐ The Electronic Funds Transfer Form has been completed.
- ☐ You have completed sections 1 through 4 of this application, as applicable.
- ☐ Sections 2 and 4 of this application have been completed, signed, and dated.
- ☐ The above information has been reviewed for completeness and accuracy; corrections have been made as needed.
- ☐ Return the entire application packet in the enclosed envelope.
- ☐ Check the *Marine Fisheries* website to ensure your application has been received and processed.
- ☐ Reminder: **Applications must be postmarked by July 5, 2008.**

Please review your application carefully as incomplete applications will be returned to you and will delay the processing of your submittal.

Application packets may be picked up or dropped off at the following *Marine Fisheries* offices during normal business hours:

**Boston - Division of *Marine Fisheries*
Headquarters**

251 Causeway Street, Suite 400
Boston, MA 02114-2152
Hours: 0730-1630hrs M-F

**Gloucester - Annisquam River *Marine Fisheries*
Field Station**

30 Emerson Ave.
Gloucester, MA 01930
Hours: 0800-1600hrs, M-F

New Bedford - Quest Campus

1213 Purchase St. - 3rd Floor
New Bedford, MA 02740
Hours: 0800-1600hrs, M-F

Applications may also be downloaded from the *Marine Fisheries* website.

Marine Fisheries will post updates on the applications received on the *Marine Fisheries* website as the information becomes available. Applicants should check the *Marine Fisheries* website frequently for the latest updates:

http://www.mass.gov/dfwele/dmf/spotlight/groundfish_assistance.htm#spot

***Marine Fisheries* staff will host 3 workshops to help applicants complete the required paperwork. If you would like to meet with *Marine Fisheries* personnel to go over this application and the required state vendor forms, we will be available at the following times and locations:**

June 26, Thursday, 9:00 AM to 5:00 PM
Annisquam River Marine Fisheries Field Station, 30 Emerson Drive, Gloucester

June 27, Friday, 9:00 AM to 5:00 PM
South Coast Marine Fisheries Field Station, 1213 Purchase St, 3rd Floor, New Bedford

June 28, Saturday, 9:00 AM to 1:00 PM
Chatham Community Center, 702 Main Street, Chatham